

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 07/2024)				TRANSCRIPT ORDER Please use one form per court reporter. Please read instructions on next page. CJA Counsel should NOT use this form. CJA Counsel should request transcripts by submitting a AUTH24 in eVoucher.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Louis Salazar				2a. CONTACT PHONE NUMBER (562) 745-8727					3. CONTACT EMAIL ADDRESS lsalazar@bsflp.com						
1b. ATTORNEY NAME (if different) Joshua Michelangelo Stein				2b. ATTORNEY PHONE NUMBER (415) 293-6813					3. ATTORNEY EMAIL ADDRESS jstein@bsflp.com						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Boies Schiller Flexner LLP 44 Montgomery Street, 41st Floor, San Francisco, CA 94104				5. CASE NAME In re: Social Media Adolescent Addiction					6. CASE NUMBER 4:22-md-03047						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Debra Pas				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form AUTH24 in eVoucher.</u> <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Please send the transcript to Louis Salazar lsalazar@bsflp.com and Joshua Stein jstein@bsflp.com															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE			
11. SIGNATURE /s/ Louis Salazar												09/16/2024			

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